



**QUESTIONNAIRE** Place an "x" in the proper column. If answer is "YES," please explain

YES NO

13. Is this the Record Copy of the series? ☒ [ ]
14. Is there a duplication of this series in another office or agency? [ ] ☒ [ ]
15. Is the information contained in this series ever summarized or published?  
Attach copy of summary or publication. In accounting records. ☒ [ ]
16. Does the series contain classified information requiring security handling? [ ] ☒ [ ]
17. Does the series initiate, amend or terminate agency policies and procedures? [ ] ☒ [ ]
18. Could the function be performed if the files were lost or destroyed? ☒ [ ]
19. Is the series (or major portion of it) regularly microfilmed? If yes, why? [ ] ☒ [ ]
20. Does the record series provide data as input to an EDP file? ☒ [ ]  
See attached samples
21. Does the record series contain documentation produced as EDP printout? ☒ [ ]
22. Has the Federal Government issued instructions governing the retention/disposition of these files? ☒ [ ]
23. Will there be a need for these records 10, 15 years from now? If yes, what? [ ] ☒ [ ]

24. REQUIREMENTS. The following requires the files to be kept 5 years:

a. [ ] STATE LAW    b. [ ] STATUTE OF LIMITATION    c. [ ] AUDIT PERIOD    d. ☒ FEDERAL LAW    e. [ ] ADMINISTRATIVE DECISION    f. [ ] HISTORICAL VALUE

(Cite Law, Statute, or other reason for the retention requirement)

If audited by U.S., retain 3 years; if not audited retain 5 years.

25. AGENCY RECOMMENDATIONS. This agency recommends that the file series be cut off at the end of each - [ ] CALENDAR YEAR - ☒ FISCAL YEAR - [ ] OTHER \_\_\_\_\_, then:

- ☒ Hold in the current files area \_\_\_\_\_ month(s)/ 1 year(s) until state audit completed;
- ☒ Transfer to ☒ State Records Center [ ] Local Holding Area; hold 4 year(s);
- ☒ Destroy.
- [ ] Transfer to State Archives for permanent retention.
- [ ] Destroy immediately after cut-off.
- ☒ Other: (Specify) Records pertaining to unresolved claims or audit questions will be further retained until resolved.

(Indicate briefly rationale for recommendations above/or write additional remarks):

Records Management Officer (Signature)	Date	OTHER REQUIRED SIGNATURES	DATE
<i>Douglas M. Hain</i>		<i>J. E. Smith</i>	8-22-72
26. Recommendations in paragraph 25 are:	Agency Head/Designee <input checked="" type="checkbox"/> Approved [ ] Disapproved		
	State Auditor/Designee <input checked="" type="checkbox"/> Approved [ ] Disapproved	<i>William M. Dixon</i>	8-24-72
	Secretary of State/Designee <input checked="" type="checkbox"/> Approved [ ] Disapproved	<i>Carroll Hart</i>	8-24-72
	Attorney General/Designee <input checked="" type="checkbox"/> Approved [ ] Disapproved	<i>M. S. Hall</i>	8-25-72

STATE RECORDS  
COMMITTEE